Vermont Department of Education

Service Log - Case Management Annual IEP T1024 TM \$625.00 -Blue paper form-

Student:	Name Pint Name	SS#: Date of Birth:	
Last	Name First Name		
Diagnostic Code: _	School District:	Supervisory Union:	
Check appropriate	e box to indicate type of IEP:	Initial IEP (cannot be reimbursed)	
COPY OF IEP A	ATTACHED: Yes No	Student's first IEP but was on IFSP	
		Annual IEP/IEP Revision	
The following Date	activities were performed o	on the dates indicated (use mm/dd/year format):	
/	1. Contacted parent/guardian	to set date for IEP meeting.	
//	2. Printed out Notice of Meet	ting.	
//	3. Sent Notice of Meeting to parent/guardian.	IEP team members along with Parental Rights to the	
/	4. Parent/guardian was contact	cted to confirm IEP meeting date.	
/	5. IEP meeting date was confi	Firmed with other team members.	
/	6. Spoke to: Mental Heal	lth Counselor OT PT	
	SLP Special Ed. Teac	cher/ConsultantGuidance Counselor	
	Nurse Principal	Regular Education Classroom Teacher	
	Para-Professional I	Parent/Guardian Other (specify)	
/	7. Reviewed testing/evaluation	on results (file review) to determine specific need.	
/	8. Reviewed student's existing IEP goals.		
/	9. Visit to home, childcare, etc.		
/	10. Regular education classroom observation of student.		
//	11. IEP meeting date or Effective Date of IEP revision.		
/	12. Reviewed and typed finalized new IEP.		
/	13. Sent copy of new IEP to parent/guardian along with a copy of Parental Rights.		
/	14. Distributed copy of new IEP to team members.		
//	15. Sent copy of IEP to Medicaid clerk.		
Claims will be ac	cepted only if at least eight (8) d	dates are filled in. Use date on line 11 as date of claim.	
CASE MANAGI	ER'S SIGNATURE:	Date:/	
For Medicaid Clerk Were 8 dates filled i		ed: / / RA Date: / /	

Revised: July 2006